



your care, your say

consumer and community engagement

POSITION PAPER

September 2009

“Working together we’ll improve the
health and wellbeing of all Tasmanians”

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Foreword

It is vitally important that Tasmanians have a real say in shaping their health and human services because this will help ensure that services meet their needs.

The Department of Health and Human Services (DHHS) is laying the foundations to actively help people get involved in decisions about their own care and that of their communities.

Our move to greater consumer and community engagement demands new processes and new thinking. Such a shift in our culture and behaviour won't happen overnight but the release of this position paper marks another firm step in that direction.

In April we released the *Your Care, Your Say: consumer and community engagement* Consultation Paper to gather consumer and community views on how to meaningfully involve people in their health and human services.

This position paper is based on the rich feedback we received from that community consultation. It outlines the framework for consumer and community engagement and it identifies five priority areas for action and how we will deal with each of these.

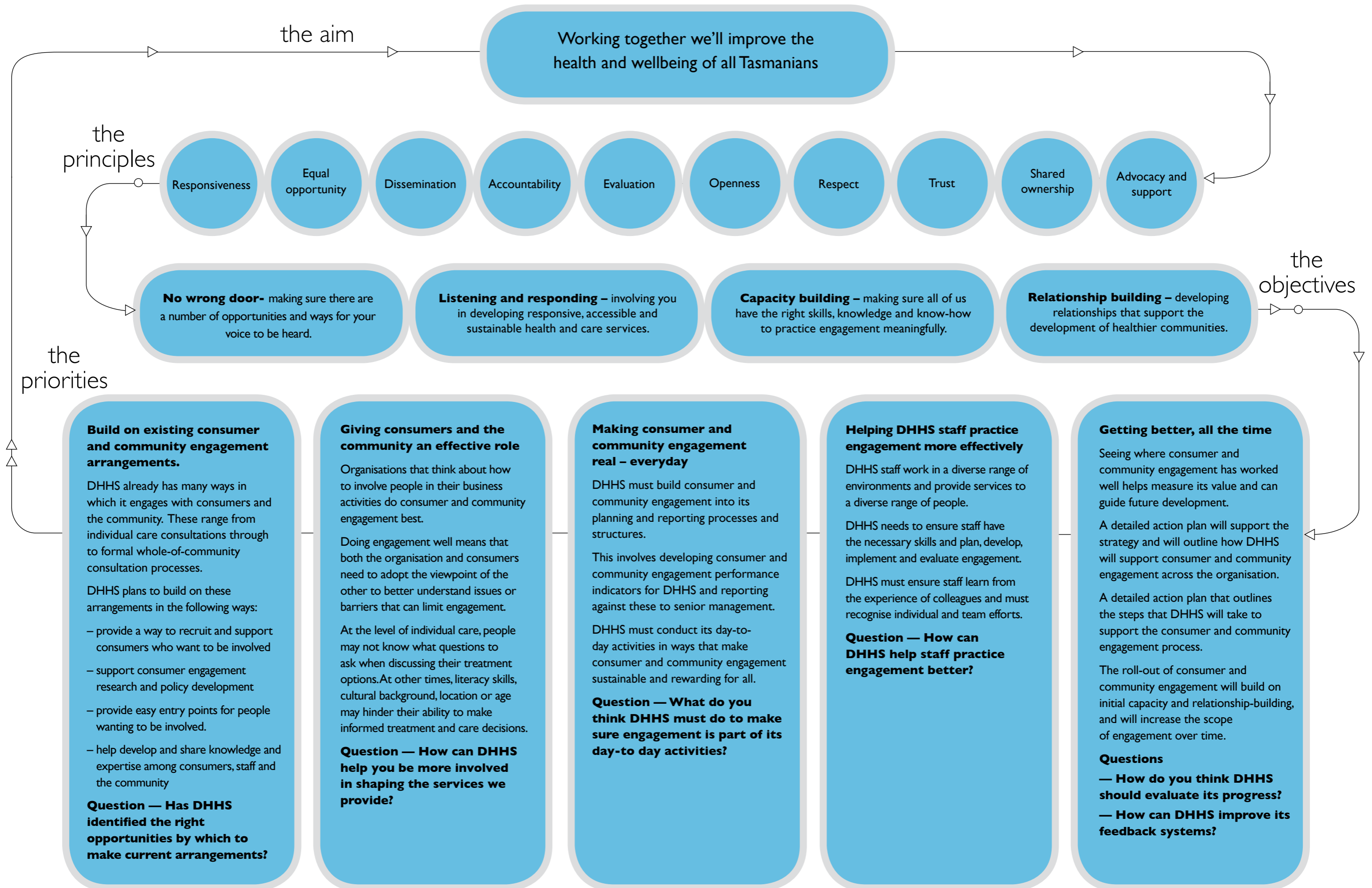
This paper starts from our firm belief that the people we serve must be at the centre of everything we do – they must come first in every decision we take, everywhere, every time.

I hope this paper will provide you – our consumers and staff – with an understanding of how we will create more inclusive, responsive and efficient health and human services.

I invite you to read this position paper and welcome your enquiries and comments.



David Roberts
Secretary, Department of Health and Human Services
September 2009



Introduction

The Department of Health and Human Services (DHHS) is committed to delivering high quality, safe services to Tasmanians when they need them so that they can live well and live longer. To support this, DHHS is developing processes to help involve consumers and the community in decision-making.

By engaging and involving Tasmanians in decisions about their health and wellbeing, and that of their communities, DHHS believes it can serve the community better.

This commitment is supported by evidence that individuals and communities benefit when people are actively engaged in service planning, delivery and quality improvement activities. Greater control over individual circumstances can improve personal outcomes and lead to a greater sense of wellbeing and a better quality of life.

The DHHS commitment is also outlined in Tasmania's Health Plan, which identifies the need to develop a whole-of-Department consumer and community engagement framework.

As an initial step, DHHS released the *Your Care, Your Say: consumer and community engagement* consultation paper on 3 April 2009 to seek community views about consumer and community engagement. DHHS received 25 written submissions as part of this consultation process and gathered more comments through face-to-face meetings. These comments are included in a summary report (see Appendix 1).

Through this consultation process consumers, staff, community members and their representatives raised the following key issues:

- meaningful consumer engagement is important and valuable for all involved and must be a major priority
- DHHS must improve and build on existing engagement practices
- DHHS must recognise the challenges and opportunities of rolling out engagement across the whole of health and human services
- consumer and community engagement must be based on flexible approaches
- relationship-building is central to meaningful consumer engagement
- capacity-building is a key aspect of implementation
- DHHS must put appropriate structures, policies and processes in place at every level to ensure consumers can play an effective role.

In addition, in June 2009 DHHS released *Strategic Directions 2009-2012*, which outlines the five strategic objectives that it will follow over the next four years.¹ Three of the five strategic objectives impact on consumer and community engagement:

¹ For a copy of the *Strategic Directions 2009-2012* please go to:
www.dhhs.tas.gov.au/about_the_department/strategic_directions_2009-2012.

- supporting individuals, families and communities to have more control over what matters to them
- creating collaborative partnerships to support the development of healthier communities
- shaping our workforce to be capable of meeting changing needs and future requirements.

In this position paper DHHS seeks your response to the proposed consumer and community engagement framework and to several specific questions. Please respond to as many or as few of these as you wish. The information received through this process will shape our policy and its implementation.

All responses are treated in strict confidence.

Please send your comments to:

Susan Stipcevic-Webb
Manager Community Engagement and Stakeholder Relations
System Development, Care Reform
Department of Health and Human Services
GPO Box 125, HOBART TAS 7001, Australia

Or email comments to: susan.stipcevic-webb@dhhs.tas.gov.au

If you would prefer to discuss your response in person or would like further information, please use the above email or phone 6233 6620.

Please send your comments by Friday 9 October 2009.

Definitions

Consumer – anyone using DHHS or DHHS-funded community sector organisation services. It includes people using hospitals, health centres, housing services, mental health services, oral care services, disability services, children and family services.

Our definition of consumer includes carers and advocates where they have been given authority to be involved by the consumer or to act on someone's behalf.²

Carer/family carer – people who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or who are aged frail.³

As indicated our definition of 'consumer' includes carer and family carers.

Community – members of the broader community who have a general interest in health and human services and their funding. It includes individuals, delegates or representatives of organisations or community groups, community sector organisations, special interest groups, local government, other government organisations, private sector and any other person interested in the matter under consideration.⁴

Community sector organisations – any non-government, non-commercial organisation or group with a formal structure. It may be as large as a national charity or as small as a local book club.⁵

DHHS – refers to the entire Department of Health and Human Services made up of:

Departmental units – responsible for policy, planning and performance, and interface with government.

Operational units – responsible for delivering services against policies, plans and standards set by the departmental units.

Engagement – a broad range of activities and techniques that facilitate an informed dialogue among consumers, community and government, and encourage participants to share ideas or options and undertake collaborative decision-making.⁶

² Victorian Government Department of Human Services, Doing it with us not for us: participation in your health service system 2006-2009, J Gregory, Consumer Engagement in Australian Health Policy: Final report of the AIHPS research project, Australian Institute of Health Policy Studies, Monash University, Melbourne, November 2008 and Health Canada, Policy Toolkit for Public Involvement in Decision Making, Health Canada, Ottawa, 2000, p. 25.

³ Definition provided by the Tasmanian branch of Carers Australia.

⁴ Victorian Government Department of Human Services, Doing it with us not for us: participation in your health service system 2006-2009, J Gregory, Consumer Engagement in Australian Health Policy: Final report of the AIHPS research project, Australian Institute of Health Policy Studies, Monash University, Melbourne, November 2008 and Health Canada, Policy Toolkit for Public Involvement in Decision Making, Health Canada, Ottawa, 2000, p. 25.

⁵ Australian Bureau of Statistics 2001

⁶ Victorian Government Department of Human Services, Doing it with us not for us: participation in your health service system 2006-2009, J Gregory, Consumer Engagement in Australian Health Policy: Final report of the AIHPS research project, Australian Institute of Health Policy Studies, Monash University, Melbourne, November 2008 and Health Canada, Policy Toolkit for Public Involvement in Decision Making, Health Canada, Ottawa, 2000, p. 25.

Laying the foundations for consumer and community engagement

This section responds to the following key issues raised by consumers, staff, community members and their representatives during the first consultation period:

- DHHS must improve and build on existing engagement practices
- relationship-building is central to meaningful consumer engagement.

DHHS is not starting from scratch with this consumer and community engagement process. It already has a range of ways in which it engages with consumers and the Tasmanian community. However, these are not used by all services nor all of the time. DHHS will strengthen this engagement and make it the everyday way that health and human services are run in Tasmania.

Existing engagement

DHHS engages with consumers and communities in many ways ranging from individual care consultations through to formal whole-of-community consultation processes.

They happen at service and site level as well as within service delivery programs that empower clients; for example, rural health service advisory groups, breast cancer consumer reference groups or hospital advisory groups. Many community sector organisations also speak on behalf of and represent consumer and community views to DHHS.

Several community sector organisations assist, represent and speak for individuals or communities of interest. These operate across the state, have extensive community links and networks, and have functioning relationships with DHHS, consumers and community members.

Community sector organisations enjoy a good level of trust in their relationship with their clients. This is also true within key services and subsections of DHHS, particularly in rural areas.

Several organisations have formal oversight and review responsibility to the public; for example, the Health Complaints Commissioner, Commissioner for Children and the Anti-Discrimination Commissioner. These respond to individual concerns impartially and can also comment and make recommendations about service improvements.

Future engagement

DHHS will build on existing engagement and take it to a whole new and higher level. DHHS will strengthen existing arrangements and make them more effective by developing new approaches based on research. It will also build relationships and capacity to make engagement more valuable for those involved.

Your Care, Your Say will deliver a consistent commitment to consumer and community engagement by integrating it into the day-to-day of all DHHS services.

DHHS will also improve information flows between existing consumer-based groups within its organisation. At the moment there are many such groups working independently on their tasks who communicate separately with DHHS. Consumer and community engagement will provide an opportunity to turn these into a rich communication network. In turn, the network communicates with DHHS at the corporate level and so helps inform its strategic perspective.

DHHS commits to becoming better at recognising good practice, learning from it, and at sharing this learning. DHHS also needs to become better at learning from the experience of others and from situations that do not go as well as intended.

Existing arrangements lack a single streamlined mechanism to represent broad consumer and community interests across the health and human services sector in Tasmania. Some organisations provide an independent voice for particular consumers or groups of consumers on specific matters but the existing arrangements do not:

- help develop and share engagement expertise among consumers, and consumer and community organisations through publications, education sessions and/or networking
- help recruit and support consumers (through capacity-building activities such as education and training) who want to be involved with issues or activities across the range of health and human services
- facilitate consumer-focused research, policy analysis and advise government and DHHS on ways to improve engagement in health and human services
- provide easy entry points for consumer or community members to join health development or quality improvement committees at regional or statewide levels; nor provide training, support and advice to consumer representatives and committees.

Incorporating these functions and services into existing arrangements will make engagement easier. It will also encourage more frequent engagement on a wider range of issues and across a broader range of consumers.

DHHS believes these functions and services are possible through a single independent organisation focused on aiding consumer participation in health and human services.

Such an organisation could recruit and support consumers in consumer engagement processes separate from government. This could help establish shared language, focus, priorities and commitments for consumer and community engagement.

There are two implementation options.

Firstly, DHHS could establish a specific organisation to represent broad consumer and community interests across the health and human services sector. A number of jurisdictions have gone down this path (see Appendix 2).

While these jurisdictions have focused on health services, DHHS thinks this could be readily expanded to include human services. Indeed, it is because there are many shared issues between the sectors that DHHS believes a single streamlined mechanism is the right approach.

Secondly, DHHS could appoint an existing organisation to provide this service.

Questions

- 1 Has DHHS identified the right opportunities by which to make current arrangements better?
- 2 Is an independent organisation that promotes and facilitates consumer participation in health and human services a good idea for Tasmania?
- 3 If you answered Yes to Question 2, what functions and services should such a body perform?
- 4 Again, if you answered Yes to Question 2 do you think:
 - A) DHHS should set up the organisation?
 - B) DHHS should seek expressions of interest from organisations wishing to provide this service?

Building on consumer and community engagement foundations

This section responds to the following key issue raised by consumers, staff, community members and their representatives during the first consultation period:

- meaningful consumer engagement is important and valuable for all involved and must be a major priority for DHHS.

DHHS recognises the need to clearly outline the aims, priorities and principles of consumer and community engagement. It is also important that DHHS clarifies how it proposes to organise engagement activity and define the key terms. This will help build understanding about why and how DHHS values consumer and community engagement and how it plans to put it into practice.

DHHS believes there are great benefits in including health and human services within the same framework. This will provide strong opportunities but will also pose some challenges.

There are many shared issues across these sectors, particularly for the consumers and consumer groups. However, one framework does not imply a single approach to consumer engagement. The proposed framework is based on shared language, focus, priorities and commitment and a consistent high level of professionalism across DHHS.

The aim of consumer and community engagement:

- Working together we'll improve the health and wellbeing of all Tasmanians.

The objectives of consumer and community engagement:

- No wrong door- making sure there a number of opportunities and ways for your voice to be heard.
- Listening and responding – involving you in developing responsive, accessible and sustainable health and care services.
- Capacity building – making sure all of us have the right skills, knowledge and know-how to practice engagement meaningfully.
- Relationship building – developing relationships that support the development of healthier communities.

The principles of consumer and community engagement:

Those principles for which DHHS and DHHS-funded community sector organisations have primary responsibility include:

Responsiveness – support flexible engagement approaches and methods, recognise there is no one way to engage people and strive to engage hard-to-reach populations – including the socially or economically disadvantaged.

Equal opportunity – involve those affected by decisions about services at an early stage, inform them of the decision-making process and give them the information and means to participate.

Dissemination – inform everyone affected by decisions made about DHHS and DHHS-funded services, facilities and care or treatment programs.

Accountability – monitor and evaluate the impact and outcomes of consumer and community engagement and share this with the community.

Evaluation – ongoing learning and improvement so lessons learned from engagement processes are identified and communicated widely.

Those principles for which all participants share responsibility:

Openness – willingness to consider the ideas of others and to accept change.

Respect – show consideration and regard to others, recognise the diversity of our population and their needs and priorities, and value the contribution of all.

Trust – recognise that engagement works best with a strong commitment to build productive working relationships with consumers and the community.

Shared ownership – where possible develop shared ownership of processes by engaging key consumer and community groups from the outset in planning the processes.

Advocacy and support – value, support and resource consumer and community engagement so it is meaningful for all. Make a particular effort to engage with disadvantaged and hard-to-reach service users and groups.

Consumer and community engagement will complement the DHHS service delivery model. This will happen at four levels:

Need heading here?	Why?	Who is involved?
<p>1. Individuals</p> <p>Engagement activity aims to involve the individual (or if appropriate their carer or advocate) in their individual care, treatment and wellbeing.</p>	<p>To maximise personal health and care outcomes by trying to reach a satisfactory outcome for the individual (as defined by them).</p>	<p>Individuals who use DHHS services, and/or carers and/or families and advocates and individual DHHS/community sector organisation service providers.</p>
<p>2. Communities</p> <p>Engagement is at a broader level and focuses on involving a range of people with a shared interest. Their alliance could be based on where they live but could also involve other factors that bring people together, eg. gender, language or culture, special interests, age or other reasons.</p>	<p>To maximise health and wellbeing outcomes for a community by reaching satisfactory outcomes that meet community needs.</p>	<p>Consumers, community members, special interest groups, local government, community sector organisations and DHHS-funded CSO service managers and their teams, DHHS program staff.</p>
<p>3. DHHS services/programs</p> <p>At this level engagement activity is focused on involving consumers and the community in planning, policy development and quality improvement for particular services or programs.</p>	<p>To deliver more accessible, safe and effective health and human services informed by an understanding of consumer and community needs.</p>	<p>Consumers, community members, special interest groups, community sector organisations, local government and DHHS or DHHS-funded community sector organisation CEOs, service managers and their teams, DHHS program staff, DHHS policy and planning staff.</p>
<p>4. DHHS system</p> <p>This level of engagement focuses on providing a chance for Tasmanians to have input into overall health and human services policy development and planning. This is the broadest level of engagement.</p>	<p>To respond to existing and future health and human service needs of all Tasmanians in an efficient, effective and strategic way.</p>	<p>Consumers, community members, consumer and community organisations, special interest groups, community sector organisations, local or other government and DHHS Secretary and executive, DHHS minister(s).</p>

Organising our engagement this way will serve as a guide, but the different levels are not exclusive. For example, information learned through engagement at an individual care level might lead to improvements at a service or program level and vice versa. In addition, the engagement approach at any level will use many engagement tools that apply equally to any other level. The selection of engagement tools will depend on purpose, context, intended audiences and means of delivering meaningful outcomes.

Our strategic priorities for 2009-2011:

- Building on consumer and community engagement foundations
- Giving consumers and the community an effective role
- Making consumer and community engagement real – everyday
- Helping DHHS staff practice engagement more effectively
- Getting better, all the time

Questions

- 5 Are our aim, objectives and principles suitable for future consumer and community engagement?
- 6 Have we identified the right priorities?

Giving consumers and the community an effective role

This section responds to the following issues raised by consumers, staff, community members and their representatives during the first consultation period:

- meaningful consumer engagement is important and valuable for all involved and must be a major objective for DHHS
- consumer and community engagement must be based on flexible approaches
- relationship-building is central to meaningful consumer engagement
- capacity-building must be a key aspect of implementation
- DHHS must put appropriate structures, policies and processes in place at every level to ensure consumers can play an effective role.

Organisations that think about how they can involve people and the community in their business activities involvement do consumer and community engagement best. Doing engagement well may mean both the organisation and consumers adopting the viewpoint of the other to better understand issues or barriers that can limit engagement.

At the level of individual care, people may not know what questions to ask when discussing their treatment options. At other times, literacy skills, cultural background, geographical isolation or age may hinder their ability to make informed treatment and care decisions.

These and similar issues must be considered when planning a consumer and community engagement activity, and the approach must be shaped by these considerations to ensure consumers and the community are engaged in ways that best suit them.

Research and experience suggests that meaningful engagement depends on organisations being:

- clear about the values and beliefs underpinning consumer engagement
- clear with consumers on the purpose of specific engagement activities
- clear about making everyone aware and having realistic expectations of its processes
- skilful in training staff and consumers in general principles and processes, and using people with specialist expertise when necessary
- open to everyone learning through the process.

Actions

To ensure consumers can play an effective role, DHHS proposes to:

- provide support, guidance and resources to consumers, community members, community organisations and groups
- set up an independent organisation to promote and facilitate meaningful consumer involvement, and to recruit, train and support those who want to participate in decision-making. An organisation that will also:
- develop and share engagement expertise among consumers and community organisations through publications, education sessions and/or networking
- aid consumer-focused research as well as policy analysis and advocacy from a consumer perspective
- provide DHHS and other organisations with advice on how to improve engagement.
- respond and provide feedback to consumers, the community and community groups in a clear, respectful and timely way
- develop links with community organisations to provide practical support and ongoing information to consumers and the community
- create welcoming, accessible services and programs for the whole community
- provide consumers and the community with accessible information about DHHS services and programs
- make sure staff are aware of their responsibilities to provide clear, evidence-based information to consumers and the community on treatment and care options as well as giving consumers the right to challenge this information
- provide accessible information to consumers and the community about support mechanisms
- encourage consumer and community involvement from the planning stage through to project or program monitoring and evaluation
- use innovative ways to improve communication
- set up a carers Internet “chat” site for carers to interact with others with similar experiences
- set up an Internet web-page to provide public information on what the community can expect from engagement with DHHS.

Question

8 Will these actions help better engage consumers and community members?

Making consumer and community engagement real – everyday

This section responds to the following issues raised by consumers, staff, community members and their representatives during the first consultation period:

- meaningful consumer engagement is important and valuable for all involved and must be a major objective for DHHS
- relationship-building is central to meaningful consumer engagement.

Strong commitment and support are needed to make consumer and community engagement real for all involved.

It is important that DHHS builds consumer and community engagement into its planning and reporting processes and structures. This will involve developing consumer and community engagement performance indicators for DHHS and reporting against these to senior management.

DHHS must conduct its day-to-day activities in ways that make consumer and community engagement sustainable and rewarding for all. It must become part of an organisational culture that embraces working with consumers and the community. Cultural change takes time and will need commitment from all DHHS staff.

Consumer and community engagement must be ongoing if the community is to trust that it is genuine and not simply part of a political agenda.

It is vital that DHHS demonstrates a visible commitment to community engagement with senior staff driving change and supporting changes to culture and planning practices throughout the organisation.

It is also important that engagement is not constrained by internal boundaries within DHHS. Staff must be supported when crossing boundaries to deliver integrated and accessible services and programs.

Actions

DHHS will better integrate consumer and community engagement into its day-to-day activities. Specifically, it proposes to:

- identify consumer and community engagement activities in all business plans
- ensure all ministerial and department briefing documents include a consumer and community engagement section
- ensure position descriptions include a consumer and community engagement component or criteria

- assess the “health of organisation” in consumer and community engagement each year (ie, staff awareness, available tools, extent of actual practice, etc)
- report on its engagement activity as part of the quarterly Your Health and Human Services Progress Chart
- use a consistent approach to engage with consumers and community members, representatives and advocates
- develop a better understanding of existing community networks and provide better networking opportunities
- promote the importance of consumer and community feedback in improving services
- develop a clear policy on reimbursement, recognition and reward of consumers and community members involved in engagement processes
- encourage consumer and community involvement in the induction of new staff
- include consumers, community members or representatives in organisational planning and development
- develop a whole-of-department customer service charter
- establish a consistent whole-of-department feedback system.

Question

9 What do you think DHHS must do to integrate consumer and community engagement into its day-to day activities?

Helping DHHS staff practice engagement more effectively

This section aims to respond to the following issues raised by consumers, staff, community members and their representatives during the first consultation period:

- consumer and community engagement must be based on flexible approaches
- relationship-building is central to meaningful consumer engagement
- capacity-building must be a key aspect of implementation.

DHHS recognises that its staff will play a key role in making consumer and community engagement meaningful. DHHS staff work in a diverse and broad range of environments, occupational groups and provide services and support to a wide range of people. DHHS needs to ensure its staff have the necessary knowledge, skill and resources to plan, develop, implement, monitor and evaluate engagement.

DHHS must also ensure staff can learn from the experience of colleagues and put in place the means to recognise individual and team efforts. Shared learning will help weave consumer engagement into the cultural fabric of DHHS.

DHHS will take action to help staff better engage with consumers and the community. Specifically, DHHS proposes to:

- ensure staff are made aware of their consumer and community engagement responsibilities at their induction
- educate staff on the benefits and requirements of consumer and the community involvement in decisions about their health and care
- train staff in communication and how to involve consumers and community in decision-making
- provide opportunities for staff to share experiences about consumer and community engagement
- train and educate staff on how to use different engagement tools, approaches and evidence-based participation and communication
- inform staff of management support for consumer and community engagement
- inform staff of policies and strategies to facilitate engagement
- develop internal resources to support consumer and community engagement such as tool kits, engagement guides and stakeholder databases.

Questions

10 Do you think these actions will help better engage consumers and the community?

11 How can DHHS help you engage more effectively?

Getting better, all the time

This section responds to the following issues raised by consumers, staff, community members and their representatives during the first consultation period:

- consumer and community engagement must be based on flexible approaches
- capacity-building must be a key aspect of implementation
- DHHS must put appropriate structures, policies and processes in place at every level to ensure consumers can play an effective role.

Looking at how well and where consumer and community engagement has worked well helps measure its value and can guide future development. This will involve many stages of planning, gathering information, changing and improving.

A detailed action plan that outlines the steps that DHHS will take and when will support the consumer and community engagement process. The gradual roll-out of consumer and community engagement will build on initial capacity and relationship-building, and will increase the scope of engagement over time. A set of performance measures will monitor and evaluate the effectiveness of consumer and community engagement. DHHS intends to get better at providing effective feedback to consumers and the community following engagement activities. Finally, DHHS needs more effective ways for consumers and community to provide DHHS performance feedback.

DHHS will take action to ensure ongoing improvement of consumer and community engagement. Specifically, DHHS proposes to:

- establish clear and consistent consumer and community engagement performance indicators
- develop monitoring and evaluation guidelines and a tool kit
- encourage health services to monitor and evaluate consumer and community engagement activities within a quality framework
- evaluate, monitor and report on engagement activities
- include consumer, community members or representatives in evaluation and review activities
- promote the importance of consumer and community feedback for service and program improvement
- report on its engagement activity as part of the quarterly Your Health and Human Services Progress Chart
- conduct online surveys for ongoing evaluation of its engagement efforts.

Questions

12 How do you think DHHS should evaluate its progress?

13 How can DHHS improve its feedback systems?

Appendix I

What consumers and communities told us

On 3 April 2009 DHHS released the *Your Care, Your Say*: consumer and community engagement Consultation Paper to gather views on how it should best involve Tasmanians in decisions about their services. In particular, DHHS sought comment on the following questions:

- 1 What do you think are the benefits of consumer and community engagement in decisions about health and human services?
- 2 What principles do you think should underpin engagement?
- 3 Does our approach to engagement make sense for Tasmania?
- 4 What do you think needs to be in place for consumer and community engagement to work?

DHHS received 25 written submissions as part of this consultation process and it gathered more comments through face-to-face meetings. Through the consultation process consumers, staff, community members and their representatives made the following points:

- meaningful consumer engagement is important and valuable for all involved and must be a major objective for DHHS
- DHHS must improve and build on existing engagement practices
- DHHS must recognise the challenges and opportunities posed by creating a strategy covering health and human services
- consumer and community engagement must be based on flexible approaches
- relationship-building is central to meaningful consumer engagement
- capacity-building must be a key aspect of implementation
- DHHS must put appropriate structures, policies and processes in place at every level to ensure consumers and the community can play an effective role.

What we heard

In response to Question 1 - What do you think are the benefits of consumer and community engagement in decisions about health and human services?

It is a given that consumer and community engagement is important and that it is key in improving the quality of services and the care, treatment, support and policy outcomes for consumers. It is also a democratic right and vital for ensuring accountability ... getting it right will take time ... participation activities need to be meaningful and a part of everyday work and that two of the key issues are time and resourcing. [Anglicare](#)

Consumer and community engagement is important in order to develop services that are client-centred and consumer-focused. The benefits are the diversity of ideas, while at the same time recognising consumers may not understand the complexity and costs associated with the delivery of services. **DHHS employee**

Consumer and community engagement is critical to the successful delivery of appropriate services within a community, and the health and wellbeing of those receiving the services provided. **Mental Health Council Tasmania**

Consumer and community engagement is important as it contributes to healthy individuals and communities, it provides an opportunity for community members to come together and establish networks and trust; this in turn supports and contributes to increasing the social capital of the community, an important indicator of health and wellbeing. **Anonymous**

Consultation with the consumers and the community gives a true picture of the need and gaps in services. **Mersey Community Care Association**

Consumers provide a 'bird's eye view' of service systems. **Advocacy Tasmania**

It flags the current health concerns of the population. It highlights any access and equity issues in health delivery. **DHHS employee**

... professionals should use language and illustrations that people of varying intellectual abilities can understand – they should not talk down to and equally should not use over-simplified language to an educated person.

T J Esterbrook, Devonport

In my experience, a consultation and engagement strategy is about engaging, bringing people together to shape strategies, shape policy, shape their futures. A government's role is to shape policy driven by the people's needs – to find out what their solutions are to problems. **J Wardlaw, Newstead**

DHHS thinks the following statement summarises the above comments received in response to question 1.

- Meaningful consumer engagement is important and valuable for all involved and must be a major priority for DHHS.

In response to question 2 – What principles do you think should underpin engagement?

Engagement will certainly require a complex, multi-layered mix of approaches to a wide range of needs, perspectives and priorities. **Advocacy Tasmania**

A strategy that allows for different approaches depending on the circumstance is sensible. Tasmania's geographically disperse population provides a challenge either when delivering services or engaging the community in consultation. With this in mind, the Mental Health Council Tasmania would like to encourage DHHS to think more broadly than just geographic communities when defining a community, recognising that some people identify their community differently (ie, according to culture). **Mental Health Council Tasmanian**

Advocacy Tasmania regards the development of partnership approaches to health and wellbeing as essential. These will include a range of mechanisms from the individual to community-based levels ... there is no one-size-fits-all solution. [Advocacy Tasmania](#)

Instill confidence in the consumer that their opinions will be respected. Always make sure that consumers are given adequate feedback irrespective of whether their suggestion are accepted or rejected. In the case of rejection, explain why. [G Long, Lindisfarne](#)

A set of principles to underpin community engagement strategies will be valuable for both the department and the wide range of organisations involved with health and human service issues. However, the principles must be backed up with workable, appropriate strategies or the process is pointless.

[Australian Physiotherapy Association](#)

DHHS thinks the following statement summarises the above comments received in response to question 2.

- Consumer and community engagement must be based on flexible approaches.

In response to question 3 – Does our approach to engagement make sense for Tasmania?

It is important that the strategy makes clear how it is going to build upon the existing consumer and community engagement work that community sector organisations currently do with [DHHS] clients. [TasCOSS](#)

The approach required should be multi-dimensional in order to engage a broad range of the community, particularly the disempowered. The key tasks are to change the culture and attitudes of both providers and consumers to enable participation, provide a fertile regulatory environment to encourage and promote involvement activity and to provide adequate resourcing to facilitate involvement activities. These are the basic building blocks of consumer participation. [Anglicare](#)

... Tasmania, as with most developed Western jurisdictions, already possesses a range of mechanisms which enable and reflect significant consumer and community engagement. These include a wide range of oversight and review mechanisms ... advocacy organisations and others. Each of these bodies responds to, and variously report upon, matters raised by individuals and the wider community ... any [consumer and community engagement] strategy should expressly acknowledge the roles of existing mechanisms and commit to their maintenance and strengthening. [Advocacy Tasmania](#)

... the Paper flags engagement across a very wide ambit of services and functions. This may easily oversimplify engagement unworkably and risk tokenism. [Advocacy Tasmania](#)

A key factor is how well the principles are communicated and adapted throughout the agency. Implementation is the greatest area of potential weakness for the proposed strategy. The strategy needs to be 'married up' with other DHHS communication/collaboration strategies so it is integrated. [DHHS employee](#)

Engagement should be as widespread as possible, definitely using existing interest groups, but also providing for at least one public meeting in each region of the state to permit information sharing and responses by individuals who choose not to or cannot join groups. **Tasmanian Health Advisory Committee, Nubeena**

DHHS thinks the following statements summarise the above comments received in response to question 3.

- Existing practices and programs must be recognised and built on.
- We should recognise the challenges and opportunities posed by creating a strategy covering health and human services.

In response to question 4 – What do you think needs to be in place for consumer and community engagement to work?

It is quite possible for state servants to develop policies in isolation from their 'customers', and bring to those policies their departmental and personal perspectives. Only by testing them against their customers, with their different perspective ... will those policies be fine-tuned and made relevant to those customers.

Tasmanian Health Advisory Committee, Nubeena

A peak body for health and human services consumers in Tasmania could provide a range of advocacy and information services for consumers ... [of] health and human services ... is a very broad remit which includes a wide diversity of interests. Representing such a breadth of concerns would clearly be difficult and would require strong linkages with a membership of effective consumer organisations and networks and a commitment to proactive engagement across all groups of consumers. **Anglicare**

The population at risk of a particular ill may be homogeneous or heterogeneous but if the communication is to be effective and the service delivery accurately targeted, a great deal of information will be needed about the [group's] needs and wants, the attitudes, fears and inhibitions. These may be quite different from those of the population as a whole. **J MacKean, Montagu Bay**

It is important to ensure that the target group has been clearly identified and strategies devised for that particular situation. **Australian Physiotherapy Association**

Many health issues are compounded by rural isolation and it is important for the department to understand the unique problems faced that may not necessarily be as evident in larger population centres, this can only be achieved through effective community engagement. Close knit communities often operate in somewhat of an attitude of interdependency, therefore what effects one family member or friend often affects another. Should an individual experience an unsatisfactory outcome or treatment from the service then it is felt and to a limited degree understood by many, leading therefore to attitudes of mistrust or a general lack of consumer confidence. A good outcome in contrast leads to much stronger consumer confidence and therefore makes the department more effective from the perspective of service delivery. **Kentish Council**

It is important that the DHHS allows sufficient time to consult widely and involve consumers in all steps of the decision-making process. Last minute consultation is often perceived as tokenistic.

Mental Health Council Tasmania

Many people have lost faith in the consultation process due to the lack of feedback received from previous forums, surveys etc. It is essential that a timely feedback mechanism is incorporated in any community engagement process; and that unrealistic expectations of outcome are not generated. **Australian Physiotherapy Association**

Realistic planning and expectations of the participants is necessary. A combination of survey tools and forums should be used. **M Tyler, Hobart**

... skilled workforce with the right skills, knowledge base and attitudes are essential to effective, consistent, responsive and sustainable consumer and community engagement. **TasCOSS**

For consumer and community engagement to work, opportunities for involvement by the public must be well publicised, and they must see the fruits of their input evident in the policies and plans when they are finalised, or at least acknowledged, even when their particular idea is not taken up either in part or in full.

Tasmanian Health Advisory Committee, Nubeena

People are more likely to become involved if they feel they are being valued and heard.

Mersey Community Care Association

More often than not, the letters that are sent ... end up not being read, because of the difficulties in understanding. One of the main problems is in the wordy presentations and also very simply, in the size of the font. If someone is visually impaired it is necessary to adjust the format - in size of print and structure to be understood. If not, the visually-impaired adult will feel inadequate because they are unable to read the information. Similarly, the intellectually-challenged require more simply-written/friendly information, as do the general population, I might add!

Speakout Tasmania

We are concerned that a major failing of services we frequently encounter, on behalf of our clients, is the failure of multiple service providers to 'see the client whole'. What is frequently missing is a person or family-centred approach which recognises the critical functional interdependency of some clients/client groups on a range of services. Case management and responsibility is accepted by no-one. In such cases clients frequently crash, not slip, between the service silos. **Advocacy Tasmania**

Adequate resourcing and support are fundamental to the success of this consumer engagement strategy ... of particular concern is that there be sufficient resources to enable engagement of multiple disadvantaged consumers such as people with disabilities, people living in rural areas, people on low incomes, people with low literacy, young people and those who find themselves homeless. **TasCOSS**

Opportunities for real engagement are often diminished through a lack of understanding about what the person needs to facilitate their engagement. Too often, the practical issues around engagement are not fully addressed; issues such as child care, respite care, transport, timing of forums, accessibility of venues, personal support and communication needs are all areas that require a solid commitment, so that inclusive engagement becomes the typical expectation in every Tasmanian community, not just special arrangements we make when we need to.

Tascare

A point of contact survey that aims to determine the satisfaction of the individual; the survey results to be collated and analysed every quarter. An online survey can be easily developed utilising the American-based survey

company – Survey Monkey. [Hobart City Council](#)

A complaints mechanism for reporting concerns about the process – this also acts as a mechanism for determining best practice strategies. [Australian Physiotherapy Association](#)

A focus on smart and accessible technology needs to be a priority for investment particularly for remote and rural families, who are often excluded from meaningful engagement due to their geographic isolation. There needs to be greater access to video linkages in remote and rural communities not just for professional use, but to link isolated people with decision-makers. [Tascare](#)

DHHS thinks the following statements summarises the comments received in response to Question 4:

- Relationship-building is central to meaningful consumer engagement.
- Capacity-building must be a key aspect of implementation.
- DHHS must put appropriate structures, policies and processes in place at every level for consumers and the community to play an effective role.

Appendix 2

Independent organisations promoting and assisting consumer participation

The **Health Issues Centre** in Victoria is an independent body promoting equity and consumer perspectives in the health system. Set up in 1985, the centre supports consumer participation and undertakes consumer-focused research as well as policy analysis and advocacy from a consumer perspective.

It supports the community advisory committees in Victoria and runs a consumer register of nearly 200 consumers, which it uses to identify and recruit consumers to sit on government or health service committees.

Consumers on the register are sent regular information, offered training, networking and other support. The centre also offers consultancy services on participation and has undertaken many research projects, including the recent development of a comprehensive suite of performance indicators for the Victorian health system.

The **Health Consumer Alliance** in South Australia was set up in 2002 as the peak body for health consumers. It provides an independent health consumer voice; plays an active role in developing policy affecting health consumers; promotes public discussion; provides education and support for consumers and community groups to achieve health system change; and supports disadvantaged groups.

It helps consumers develop skills in advocacy, representation and lobbying, and undertakes community information projects to raise awareness. It offers consultation and information about preferred strategies and frameworks and produces fact sheets about participation.

The **Health Consumers Council** in Western Australia was set up in 1993 as an independent patient group and comments publicly on all health matters. It aims to ensure health consumers contribute to the development of health policy, research and service delivery.

Among other things, it provides training, consumer representatives, information on rights and guidelines for consumer payments.

